



Medical Form

All information provided will be treated as confidential

PARTICIPANT'S DETAILS

Name		Gender	M	F
Address		Age		
Phone Number		D.O.B		
School / Group		Date(s) of camp / activity		
Head Teacher / Leader	Overnight programmes essential	Best contact (mobile?)		

EMERGENCY CONTACT DETAILS

Name		Relationship	
Home phone		Work phone	
Mobile phone		Email	
Doctors Name	Or Medical Centre name	Doc's Number	

Medical & Personal Information

The more we know, the better the care. In order for Bigfoot to provide safe enjoyable quality experiences for all it is **vital** that we have **as much information as possible about our participants**. This information will not affect your programme attendance, however you/school/guardian/Bigfoot may need to put extra support in place or alter activity / programme to cater for your specific needs. It is **essential** that you give us **accurate and detailed information**. Attach an additional sheet if necessary. Please be open and honest about the smallest of things. Where information is omitted or inaccurate, activity **start may be delayed or participant may be stood down** by Bigfoot or associated provider in order to meet our safety standards.

Dietary needs: Please provide details of any particular dietary needs e.g. gluten, lactose, vegetarian, vegan, halal, food allergies (with extra detail given below) – Note: some extra cost may be enforced for catering options – please ask your programme manager.

Medical issues: Please provide details of any particular medical issues, e.g. asthma, epilepsy, diabetes, recent cold or illness, recent operation, heart or lung related, skin conditions, etc. (with extra detail below or on separate page as required).

Medication: Please provide details (dosage / ingredients / effects / inhibitors) of any current or recently finished courses of medication

Allergies / Medical: Please provide extra detail here			Do you carry an EpiPen?	Yes	No
Allergen / Medical	Severity	Triggers	Symptoms	Remedy	

Intellectual, Social, Cultural, Behavioural or other issues: that may affect the participant's understanding or perception of physical or emotional risk or ability to fully participate in the objectives of the programme e.g. Asperger's; Recent family trauma; ADD; Bullying; CYFS or WINZ care, etc Command of the English language Cultural sensitivities

Physical Abilities: Fitness levels; Old or New Injury; Operations, Restricted Movement, Hyper/hypo Mobility, Conditions, Wheelchair use etc. Please provide information on Swimming Ability, Cycle Ability, Comfort with Height, Enclosed Spaces and General Attitude to Challenge.